

**Amendment to Agreement for  
Annual Requirements for Equipment & Accessory Rental,  
Bid No. 09-279**

This Amendment is hereby entered into on this \_\_\_\_ day of \_\_\_\_\_, 2012, by and between **NCS Equipment Rental, 5450 Alvo Road, Lincoln, NE 68514** (hereinafter "Contractor") and the **City of Lincoln and Lancaster County and Lincoln-Lancaster County Public Building Commission** (hereinafter "Owners"), for the purpose of Amending the Agreement C-10-0066, dated February 10, 2010, and Resolution A-85755, dated March 3, 2010, (the "Agreement"), for **Annual Requirements for Equipment & Accessory Rental, Bid No. 09-279**, which is made a part of this amendment by this reference.

WHEREAS, the original term of the Agreement is March 3, 2010 through March 2, 2012, with the option to renew for one (1) additional two (2) year periods upon written mutual consent of both parties; and

WHEREAS, the parties wish to renew the agreement for an additional two (2) year term being **March 3, 2012 through March 2, 2014**; and

NOW, THEREFORE, IN CONSIDERATION of the mutual covenants contained in the Agreement, under County Contract C-10-0066 and City Resolution A-85755, and stated herein the parties agree as follows:

- 1) The parties agree the term of the Agreement shall be from March 3, 2012 through March 2, 2014.
- 2) All other terms of the Agreement, not in conflict with this Amendment, shall remain in full force and effect.

The Parties do hereby agree to all the terms and conditions of this Amendment. This Amendment shall be binding upon the parties, their heirs, administrators, executors, legal and personal representatives, successors, and assigns.

IN WITNESS WHEREOF, the Parties do hereby execute this Amendment.

**Lancaster County Board of Commissioners Signatures**

Executed this \_\_\_\_ day of \_\_\_\_\_, 2012

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Lancaster County Attorney**

**City of Lincoln**

Executed this \_\_\_\_ day of \_\_\_\_\_, 2012

\_\_\_\_\_  
**Mayor**

Approved by **Resolution No.** \_\_\_\_\_

\*\*\*\*\*

**Lincoln-Lancaster County Public Building Commission**


Executed this \_\_\_\_ day of \_\_\_\_\_, 2012

\_\_\_\_\_  
**Chairperson**

\_\_\_\_\_  
**Commission Attorney**

**Supplier, please sign and date. Mail back to our office; a faxed copy is not acceptable.**

**Dated** \_\_\_\_\_

Company Name: (PLEASE PRINT)	NCS Equipment
By: (PLEASE PRINT)	Devin Benson
By: (PLEASE SIGN)	
Title:	Sales
Company Address: (PLEASE PRINT)	73779 RD 438 Beltrand NE 68927
Company Phone & Fax: (PLEASE PRINT)	308 472 5077
E-Mail Address: (PLEASE PRINT)	ncsequipment.info

Client#: 83818

NCSEQ

**ACORD**<sup>TM</sup>**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

5/03/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>INSPRO Insurance</b> <b>P.O. Box 6847</b> <b>Lincoln, NE 68506</b> <b>402 483-4500</b>	<b>CONTACT NAME:</b> Tonya Wagner <b>PHONE (A/C, No, Ext):</b> 402-483-4500 <b>E-MAIL ADDRESS:</b> twagner@insproins.com <b>FAX (A/C, No):</b> 402-483-7977	
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Columbia National Insurance Gro <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
<b>INSURED</b> <b>A Division of DAB Incorporated</b> <b>dba NCS Equipment Inc.</b> <b>73779 Road 438</b> <b>Bertrand, NE 68927</b>		

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	X	CMPNE0000012985	02/18/2012	02/18/2013	EACH OCCURRENCE	\$1,000,000		
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
						MED EXP (Any one person)	\$5,000		
						PERSONAL & ADV INJURY	\$1,000,000		
						GENERAL AGGREGATE	\$2,000,000		
						PRODUCTS - COMP/OP AGG	\$2,000,000		
							\$		
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS <input checked="" type="checkbox"/> Drive Oth Car		CAPNE0000012985	02/18/2012	02/18/2013	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
						BODILY INJURY (Per person)	\$		
						BODILY INJURY (Per accident)	\$		
						PROPERTY DAMAGE (Per accident)	\$		
							\$		
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTIONS					EACH OCCURRENCE	\$		
						AGGREGATE	\$		
							\$		
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y N/A	WCPNE0000012985	02/18/2012	02/18/2013	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER			
						E.L. EACH ACCIDENT	\$1,000,000		
						E.L. DISEASE - EA EMPLOYEE	\$1,000,000		
						E.L. DISEASE - POLICY LIMIT	\$1,000,000		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

City of Lincoln; Lancaster County, Nebraska; and Lincoln-Lancaster County Public Building Commission is additional insured.

**CERTIFICATE HOLDER****CANCELLATION**

City of Lincoln  
 440 S 8th St, Ste 200  
 Lincoln, NE 68508

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*James D. Miffel*

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**Amendment to Agreement for  
Annual Requirements for Equipment & Accessory Rental,  
Bid No. 09-279**

This Amendment is hereby entered into on this \_\_\_\_ day of \_\_\_\_\_, 2012, by and between **Murphy Tractor & Equipment Co., Inc., 6100 Arbor Road, Lincoln, NE 68517** (hereinafter "Contractor") and the **City of Lincoln and Lancaster County and Lincoln-Lancaster County Public Building Commission** (hereinafter "Owners"), for the purpose of Amending the Agreement C-10-0067, dated February 10, 2010, and Resolution A-85755, dated March 3, 2010, (the "Agreement"), for **Annual Requirements for Equipment & Accessory Rental, Bid No. 09-279**, which is made a part of this amendment by this reference.

WHEREAS, the original term of the Agreement is March 3, 2010 through March 2, 2012, with the option to renew for one (1) additional two (2) year periods upon written mutual consent of both parties; and

WHEREAS, the parties wish to renew the agreement for an additional two (2) year term being **March 3, 2012 through March 2, 2014**; and

NOW, THEREFORE, IN CONSIDERATION of the mutual covenants contained in the Agreement, under County Contract C-10-0066 and City Resolution A-85755, and stated herein the parties agree as follows:

- 1) The parties agree the term of the Agreement shall be from March 3, 2012 through March 2, 2014.
- 2) All other terms of the Agreement, not in conflict with this Amendment, shall remain in full force and effect.

The Parties do hereby agree to all the terms and conditions of this Amendment. This Amendment shall be binding upon the parties, their heirs, administrators, executors, legal and personal representatives, successors, and assigns.

IN WITNESS WHEREOF, the Parties do hereby execute this Amendment.

**Lancaster County Board of Commissioners Signatures**

Executed this \_\_\_\_ day of \_\_\_\_\_, 2012

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Lancaster County Attorney**

**City of Lincoln**

Executed this \_\_\_\_ day of \_\_\_\_\_, 2012

\_\_\_\_\_  
**Mayor**

Approved by **Resolution No.** \_\_\_\_\_

\*\*\*\*\*

**Lincoln-Lancaster County Public Building Commission**

Executed this \_\_\_\_ day of \_\_\_\_\_, 2012

\_\_\_\_\_  
**Chairperson**

\_\_\_\_\_  
**Commission Attorney**

Supplier, please sign and date. Mail back to our office; a faxed copy is not acceptable.

Dated 4-26-2012

Company Name: (PLEASE PRINT)	Murphy Tractor & Equip. Co., Inc.
By: (PLEASE PRINT)	John Spellman
By: (PLEASE SIGN)	<i>John Spellman</i>
Title:	Branch Manager
Company Address: (PLEASE PRINT)	6100 Arbor Rd. Lincoln Ne, 68517
Company Phone & Fax: (PLEASE PRINT)	402. 467.1300- Fax 402. 467.1927
E-Mail Address: (PLEASE PRINT)	jspellman@murphyTractor.com



SENTRY SELECT INSURANCE COMPANY  
STEVENS POINT, WISCONSIN  
(A PARTICIPATING STOCK COMPANY)  
A MEMBER OF THE SENTRY FAMILY OF INSURANCE COMPANIES

CERTIFICATE OF INSURANCE

ACCOUNT NUMBER 24-30238

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies below.

Name and Address of  
Certificate Holder

CITY OF LINCOLN, LANCASTER  
COUNTY AND CITY OF LINCOLN/  
LANCASTER COUNTY PUBLIC  
BUILDING COMMISSION  
440 SOUTH 8TH STREET  
SUITE 200 SOUTHWEST WING  
LINCOLN, NE 68508

Name and Address  
of the Insured

MURPHY TRACTOR & EQUIP CO INC  
1800 S WEST ST  
PO BOX 17366  
WICHITA, KS 67217

This certificate is issued on 01-01-2012 and is effective until 01-01-2013. It certifies that policies of insurance listed below have been issued to the insured named above. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policies. Limits shown may have been reduced by paid claims.

<u>Coverage Provided</u>	<u>Policy Number</u>	<u>Coverage Limits</u>
<u>General Liability</u>	24-30238-01	General Aggregate \$ 1,500,000
		Products Aggregate \$ 1,500,000
Bodily Injury and	OCCURRENCE	Pers/Adv Injury \$ 500,000
Property Damage Combined		Each Occurrence \$ 500,000
		Premises Damage \$ 100,000
		Medical Expense \$ 5,000
<u>Automobile Liability</u>	24-30238-01	Each Accident \$ 500,000
Includes: Bodily Injury and Property Damage Combined -Any Auto		
<u>Excess/Umbrella Liability</u>	24-30238-01	Each Occurrence \$ 10,000,000
		General Aggregate \$ 30,000,000
		Products Aggregate \$ 30,000,000
<u>Workers' Compensation and Employer's Liability</u>	24-30238-02	Statutory
		Each Accident \$ 500,000
		Each Disease/Employee \$ 500,000
		Each Disease/Policy \$ 500,000

CITY OF LINCOLN, BID NO 09-140 ADDENDUM 1  
AND BID NO 09-141 ADDENDUM 2  
CITY OF LINCOLN, LANCASTER COUNTY AND CITY OF LINCOLN/LANCASTER COUNTY  
PUBLIC BUILDING COMMISSION ARE ADDED AS ADDITIONAL INSURED.

80-C1035 (MECH)



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CERTIFICATE OF INSURANCE - (CONT)

ACCOUNT NUMBER 24-30238

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Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions.

80-C1035 (MECH)

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MUR 24-30238 01-116315  
12-01-2011  
PAGE 2  
(0127)

LDI COI 269628-1 02 11

nnnnn



SENTRY SELECT INSURANCE COMPANY  
STEVENS POINT, WISCONSIN  
(A PARTICIPATING STOCK COMPANY)  
A MEMBER OF THE SENTRY FAMILY OF INSURANCE COMPANIES

THE SENTRY PLAN  
POLICY

GENERAL LIABILITY DECLARATIONS

POLICY NUMBER 24-30238-01

NAME INSURED: MURPHY TRACTOR & EQUIP CO INC

ADDITIONAL INSURED  
SCHEDULE

The following information is required to complete the accompanying additional insured endorsement which forms a part of the Named Insured's COMMERCIAL GENERAL LIABILITY COVERAGE PART.

<u>ADDITIONAL INSURED</u>	<u>ENDORSEMENT</u>	<u>EFFECTIVE</u>
CITY OF LINCOLN, LANCASTER COUNTY AND CITY OF LINCOLN/ LANCASTER COUNTY PUBLIC BUILDING COMMISSION 440 SOUTH 8TH STREET SUITE 200 SOUTHWEST WING LINCOLN, NE 68508 (CERTIFICATE NUMBER 0127)	CG 20 10 07 04	FROM JANUARY 01, 2012 TO JANUARY 01, 2013

LOCATION(S) OF COVERED OPERATIONS

ALL LOCATIONS

FOR ENDORSEMENT TEXT,  
SEE OVER.

CG 89 01 11 85 (MECH)

MUR 24-30238-01 40 121  
11-30-2011  
(000 0127)



ADDITIONAL INSURED - OWNERS, LESSEES OR  
CONTRACTORS - SCHEDULED PERSON OR  
ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A.** SECTION II - WHO IS AN INSURED is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

- B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

CG 20 10 07 04

Copyright, Insurance Services Office, Inc., 2004

**Amendment to Agreement for  
Annual Requirements for Equipment & Accessory Rental,  
Bid No. 09-279**

This Amendment is hereby entered into on this \_\_\_\_ day of \_\_\_\_\_, 2012, by and between **Hamilton Equipment Co., 8605 Cornhusker Hwy, Lincoln, NE 68507** (hereinafter "Contractor") and the **City of Lincoln and Lancaster County and Lincoln-Lancaster County Public Building Commission** (hereinafter "Owners"), for the purpose of Amending the Agreement C-10-0068, dated February 10, 2010, and Resolution A-85755, dated March 3, 2010, (the "Agreement"), for **Annual Requirements for Equipment & Accessory Rental, Bid No. 09-279**, which is made a part of this amendment by this reference.

WHEREAS, the original term of the Agreement is March 3, 2010 through March 2, 2012, with the option to renew for one (1) additional two (2) year periods upon written mutual consent of both parties; and

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IN WITNESS WHEREOF, the Parties do hereby execute this Amendment.

**Lancaster County Board of Commissioners Signatures**

Executed this \_\_\_\_ day of \_\_\_\_\_, 2012

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Lancaster County Attorney**

**City of Lincoln**

Executed this \_\_\_\_ day of \_\_\_\_\_, 2012

\_\_\_\_\_  
**Mayor**

Approved by **Resolution No.** \_\_\_\_\_

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**Lincoln-Lancaster County Public Building Commission**

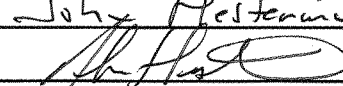
Executed this \_\_\_\_ day of \_\_\_\_\_, 2012

\_\_\_\_\_  
**Chairperson**

\_\_\_\_\_  
**Commission Attorney**

Supplier, please sign and date. Mail back to our office; a faxed copy is not acceptable.

Dated 4-26-12

Company Name: (PLEASE PRINT)	Hamilton Equipment Co
By: (PLEASE PRINT)	John Hester
By: (PLEASE SIGN)	
Title:	General Manager
Company Address: (PLEASE PRINT)	8605 Cornhusker Hwy Lincoln NE 68507
Company Phone & Fax: (PLEASE PRINT)	402 464 6381 402 464 5589
E-Mail Address: (PLEASE PRINT)	john@hamiltequipmentco.com



<b>PRODUCER</b>  <b>FEDERATED MUTUAL INSURANCE COMPANY</b> Home Office: P.O. Box 328 Owatonna, MN 55060 Phone: 1-888-333-4949		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
<b>INSURED</b>  <b>HAMILTON EQUIPMENT COMPANY</b> 8605 CORNHUSKER HWY LINCOLN NE 68507		<b>COMPANIES AFFORDING COVERAGE</b>	
		COMPANY A FEDERATED MUTUAL INSURANCE COMPANY OR FEDERATED SERVICE INSURANCE COMPANY	
		COMPANY B	
		COMPANY C	
COMPANY D		031-477-3	

## COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	038653	06/07/11	06/07/12	GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 1,000,000
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 1,000,000
					FIRE DAMAGE (Any one fire) \$ 100,000
					MED EXP (Any one person) \$
A	AUTOMOBILE LIABILITY	038653	06/07/11	06/07/12	COMBINED SINGLE LIMIT \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE \$
	<input checked="" type="checkbox"/> HIRED AUTOS				
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:
					EACH ACCIDENT \$
					AGGREGATE \$
A	EXCESS LIABILITY	038203	06/07/11	06/07/12	EACH OCCURRENCE \$ 5,000,000
	<input checked="" type="checkbox"/> UMBRELLA FORM				AGGREGATE \$ 5,000,000
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	024507	06/07/11	06/07/12	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER
	EL EACH ACCIDENT \$ 500,000				
	EL DISEASE - POLICY LIMIT \$ 500,000				
	EL DISEASE - EA EMPLOYEE \$ 500,000				
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS  
 CITY OF LINCOLN IS AN ADDITIONAL INSURED FOR GENERAL LIABILITY AND BUSINESS AUTO LIABILITY.  
 ADDITIONAL INSURED ALSO INCLUDES LANDCASTER COUNTY NE, LINCOLN LANDCASTER COUNTY PUBLIC BUILDING COMMISSION

BROAD FORM PROPERTY DAMAGE IS INCLUDED IN THE GENERAL LIABILITY COVERAGE

## CERTIFICATE HOLDER

0314773

CITY OF LINCOLN  
 WEST WING  
 440 S 8TH ST STE 200 SW  
 LINCOLN NE 68508

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## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*Jeffrey S. Satter*  
 PRESIDENT